

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/857187

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3		2		2		
4		0		2		
5		0		2		
6		0		2		
7		0		2		
8		0		2		
9		0		2		
10		0		2		
11		0		2		
12		0		2		
13		0		2		
14	1		1			
15	1			1		
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50						
TOTAL IND.	4		2			
TOTAL DEP.	12		28			
TOTAL CLAIMS	16		26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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